

**CITY OF ATLANTA 2004 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) PROGRAM  
FORM II – NEW PROJECT PROPOSAL**

**One signed-original application with exhibits and 4 copies without exhibits must be submitted  
no later than 4:00 PM on May 19, 2003 to:  
City of Atlanta, Office of Grants Management  
68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323  
Telephone # (404) 330-6112 TDD (404) 658-7182**

**For GM Use Only:**  
Proposal # \_\_\_\_\_  
Date received \_\_\_\_\_

**PROJECT NAME:**

Project Type(s):	<input type="checkbox"/> Capital Budget for Facility Development	<input type="checkbox"/> Housing Operations or Scattered Site Rental Asst.	<input type="checkbox"/> Housing Program Support Services	TOTALS
HOPWA Request:	\$ _____	\$ _____	\$ _____	\$ _____
Other Funding	\$ _____	\$ _____	\$ _____	\$ _____
Total Project Cost:	\$ _____	\$ _____	\$ _____	\$ _____

**PART 1: GENERAL INFORMATION**

**A. APPLICANT IDENTIFICATION:**

Organization **Legal** Name: \_\_\_\_\_  
 Contact Person's Name: \_\_\_\_\_  
 Position Title: \_\_\_\_\_  
 Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Incorporation \_\_\_\_\_

**B. BRIEF PROJECT DESCRIPTION** – Tell what the project will do in the space below. Do not refer to attachments.

**C. Project SITES** – Enter location(s) of project activity, not service area; if located in Atlanta, include Council District/NPU-Neighborhood. If not known, call Bureau of Planning 404-330-6070

Facility/Activity-Site(s) Name	Street Address/City/Zip	Council District/NPU	County

**D. PROJECT SERVICE AREA(S):** (Check as many as apply in the 20-county EMSA)

<input type="checkbox"/> City of Atlanta	<input type="checkbox"/> City of Marietta	<input type="checkbox"/> Clayton	<input type="checkbox"/> Cobb	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Fulton	<input type="checkbox"/> Gwinnett
Others: <input type="checkbox"/> Barrow <input type="checkbox"/> Bartow <input type="checkbox"/> Butts <input type="checkbox"/> Carroll <input type="checkbox"/> Cherokee <input type="checkbox"/> Coweta <input type="checkbox"/> Douglas <input type="checkbox"/> Fayette <input type="checkbox"/> Forsyth <input type="checkbox"/> Henry <input type="checkbox"/> Newton <input type="checkbox"/> Paulding <input type="checkbox"/> Rockdale <input type="checkbox"/> Spalding <input type="checkbox"/> Walton						

**E. APPLICATION VERIFICATION OF ACCURACY & AUTHORIZATION BY BOARD OFFICER OR CEO:**

<b>Signature</b>	<b>Date Signed</b>	<b>Print or Type Name and Title</b>
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## F. PROPOSED NEW HOPWA PROJECT PROGRAM CATEGORIES AND BENEFICIARIES:

### 1. HOUSING PROJECTS:

Indicate in the applicable HOPWA housing category below the number of units or beds dedicated to persons living with HIV/AIDS that will be provided

<b>a.. Facility-based Housing</b>	<b># Units</b>	<b># Beds</b>	<b>Program Max Length of Stay</b>	<b>Operating cost: average per unit or bed</b>
<b>Housing operations</b>				
<input type="checkbox"/> Short-term facility (stay < 6 mos.)				
<input type="checkbox"/> Single room occupancy dwelling				
<input type="checkbox"/> Community residence (permanent housing)				
<input type="checkbox"/> Other housing facility (e.g. transitional or substance abuse recovery)				
<b>Housing development</b>				<b>Development cost: Average per unit or bed:</b>
<input type="checkbox"/> Short-term facility				
<input type="checkbox"/> Single room occupancy dwelling				
<input type="checkbox"/> Community residence				
<input type="checkbox"/> Other housing facility				

Indicate the proposed number of households (individuals and families) by type of housing assistance and estimated average cost per household.

<b>b. Scattered Site Housing</b>	<b>Est. # of Households</b>	<b>Estimated Average Cost</b>
1. Short-term Rent, Mortgage and Utilities (to prevent homelessness):		\$ _____ per household
2. Rent Assistance:		\$ _____ per household

Indicate below the supportive services needed by the majority of residents of proposed facility or persons who will receive scattered site assistance housing assistance by location type and provider.

<b>c. Housing Supportive Services:</b>	<b>Housing facility</b>	<b>Non-housing facility</b>	<b>Scattered-site/other</b>	<b>Service Provider(s) if not applicant</b>
<i>Example: Case Management</i>	<i>x</i>			<i>AID Atlanta, Inc.</i>
<input type="checkbox"/> Outreach				
<input type="checkbox"/> Case management (comprehensive)				
<input type="checkbox"/> Life management skills				
<input type="checkbox"/> Nutritional services/meals				
<input type="checkbox"/> Adult day care/personal assistance				
<input type="checkbox"/> Childcare/other children's services				
<input type="checkbox"/> Education				
<input type="checkbox"/> Employment assistance				
<input type="checkbox"/> Alcohol & drug abuse services				
<input type="checkbox"/> Mental health services				
<input type="checkbox"/> Health/medical/intensive care				
<input type="checkbox"/> Permanent housing placement				
<input type="checkbox"/> Other Specify:				
<input type="checkbox"/> Other Specify:				

**d. Needs Assessment.** Describe below how the need for the services and the number to be served was determined.

## 2. Proposed New Supportive Service Only Providers:

Indicate in the table below the number of persons to be served by project by each HOPWA category and location type.

a. Supportive Services:	Number of Persons to be Served		
	Residents of Housing Facilities	Persons Receiving Scattered Site Housing Assistance	Persons Receiving Assistance in Non-housing Facility*
<i>Example: Case Management (comprehensive)</i>	<i>290</i>	<i>100</i>	<i>50</i>
<input type="checkbox"/> Outreach			
<input type="checkbox"/> Case Management (comprehensive)			
<input type="checkbox"/> Life Management Skills			
<input type="checkbox"/> Nutritional services/meals			
<input type="checkbox"/> Adult day care/personal assistance			
<input type="checkbox"/> Childcare/other children's services			
<input type="checkbox"/> Education			
<input type="checkbox"/> Employment Assistance			
<input type="checkbox"/> Alcohol & drug abuse services			
<input type="checkbox"/> Mental Health Services			
<input type="checkbox"/> Health/medical/intensive care			
<input type="checkbox"/> Permanent housing placement			
<input type="checkbox"/> Other Specify:			
<input type="checkbox"/> Other Specify:			

\*Applicant's office, medical facility, shelter, etc.

**b. Needs Assessment.** Describe below how the need for the services and the number to be served was determined.

**G. PROJECT DESCRIPTION:** Describe **specifically** what you propose to do, how you propose to do it, and the specific use of requested funding.

**H. PROJECT BENEFICIARIES:** Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, HIV/AIDS disabled, recovering substance abusers, mentally ill, etc. If the project will not serve HOPWA-eligible clients exclusively, indicate the percentage of other clients that will assisted.

**I. Anticipated Project Outcomes:** Complete the chart below to describe the most significant Outcome(s) this project is expected to have for its participants for year 2004. Tell how many households or individuals will realize each Outcome and how each Outcome will be measured. Copy chart and attach to describe additional Outcomes. If funded, these Outcomes may be part of the performance monitoring for the project.

**Outcomes:** Outcomes are not the activities of the agency, but how the activities impact the people being served. Outcomes may be long term or short term but must be quantified and measurable. Outcomes must relate to activities proposed to be funded and should be limited in number to reflect only major impacts. Examples of Outcomes include # of AIDS disabled persons remaining in their own homes, # of clients placed in permanent housing; # of affordable housing units rehabbed or created.

**Tasks:** These are the major activities carried out by the contractor/agency that lead to the specific Outcome. All Tasks must be quantified as to either the number of services provided and/or the number of people receiving the service. Only major Tasks should be included. Examples of Tasks are: # of people provided rental assistance; # of intake/assessments; # of follow-up calls to determine client stability.

**Outcome Measurements:** How will the contractor/agency determine whether an Outcome has been achieved; how specifically will success be determined? Outcome Measures must be specific as to methodology and reporting requirements, including follow-up and reporting timetables. Measures must be an accurate reflection of the specific Outcome being addressed.

<b>Outcome # 1</b>	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
<p><b>Major Tasks Necessary to Realize Outcomes</b></p>	
<p><b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure</i></p>	

<b>Outcome # 2</b>	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
<p><b>Major Tasks Necessary to Realize Outcomes</b></p>	
<p><b>Outcome Measures:</b> <i>Describe methodology, reporting requirement and timetable for each Measure</i></p>	

**J. NON-DISCRIMINATION:** Do you notify the public that you do not discriminate against the disabled in hiring practices or provision of services?

☐ Yes, currently   ☐ Not currently   ☐ Willing to adopt practice

**K. PROJECT SUPPORT:** If project is located in the City of Atlanta, the City's Bureau of Planning will contact applicant if it will be necessary to meet with affected Neighborhood Planning Unit(s) to discuss the proposal. If the proposed project is located outside the City of Atlanta, the applicant must submit with the application, a Certificate of Consistency with the Consolidated Plan (Exhibit 11) from the Community Development Office of that jurisdiction.

**L. ORGANIZATIONAL CAPACITY:**

**1. Corporate Status:** *Copy of incorporation documentation must be attached. Not Required/Not applicable for Governmental Agencies.*

☐ Non-profit corporation; date of incorporation: \_\_\_\_\_

**2. Required Exhibits:** Check below. At the end of the application package, **attach one copy** of the following items: *(Note: Exhibits 1 through 8 are not required, nor applicable, for other government entities. Applicants funded by HOPWA in 2003 may omit Exhibits 2 through 6).*

- ☐ Exhibit 1: Memorandum (a) of agreement for new housing operation and services projects only.
- ☐ Exhibit 2: Evidence of nonprofit status, IRS 501(c)(3)
- ☐ Exhibit 3: Current State registration
- ☐ Exhibit 4: Articles of Incorporation
- ☐ Exhibit 5: Corporation Bylaws
- ☐ Exhibit 6: Copy of written financial procedures and responsibilities
- ☐ Exhibit 7: Independent audit (no older than 2002 if FY ends in June; 2001 if FY ends Sept. or Dec. 2002)
- ☐ Exhibit 8: Listing of Board of Directors (including names, title, addresses and compensation)
- ☐ Exhibit 9: Resumes/references for principal staff who will be involved in the proposed activity
- ☐ Exhibit 10: Job descriptions for staff positions implementing the proposed activity

**M. AGENCY EXPERIENCE:** Briefly describe experience that relates specifically to the proposed program/activity. For agencies that have not previously implemented any activities similar to the proposal, describe other major areas of experience related to agency's ability to implement proposed project.

## **PART 2: NEW CAPITAL HOUSING DEVELOPMENT PROJECT**

Complete this part if requesting funding for land or building acquisition, new construction, major rehabilitation of housing units that will benefit HOPWA eligible persons.

### **A. PROJECT SITE INFORMATION:**

1. Site Control: Indicate below the status of the project site and, if it applies, attach documentation of site control: *(lease agreement, purchase option, property deed or other)*

<input type="checkbox"/>	Applicant owns property: Date acquired: _____
<input type="checkbox"/>	Lease Expiration Date: _____
<input type="checkbox"/>	Option to purchase and Expiration Date: _____
<input type="checkbox"/>	Other, describe: _____

2. Zoning: If zoning is not known, contact the City of Atlanta Zoning Office at 404-330-5173 or zoning office of the applicable jurisdiction if not located within the Atlanta City of Atlanta.

- a. Project structure type is: ☐ Residential ☐ Commercial ☐ Other: \_\_\_\_\_
- b. What is current zoning classification of project site?: \_\_\_\_\_
- c. Is the site zoned correctly for the proposed activity?: ☐ Yes ☐ No ☐ Don't know  
If no, provide an explanation of efforts and timetable to change zoning or obtain variance: \_\_\_\_\_

### **3. Age of Building(s): Proposed for Funding and/or Adjacent Buildings?**

- a. If new construction, what is the approximate age of any adjacent or nearby structure(s)? \_\_\_\_\_
- b. If renovation/rehab, what is the age of the existing structure(s) or facilities? \_\_\_\_\_
- c. Are building(s) historic? ☐ Yes ☐ No Is the district historic? ☐ Yes ☐ No
- d. If significant renovations have occurred to structures, describe and give date(s), if known: \_\_\_\_\_

4. Appraisal: If funding request is for property acquisition, has appraisal been done within the past 18 months?

<input type="checkbox"/>	Yes ( <u>attach</u> a copy to the application)	If appraisal is different than acquisition cost, explain discrepancy: _____
<input type="checkbox"/>	No. If appraised value not known, what is the source of acquisition cost estimate? _____	

5. Liens/Encumbrances: Does property have any liens or legal encumbrances?

<input type="checkbox"/>	No.
<input type="checkbox"/>	Yes. If yes, provide details below: _____

6. Relocation: Does project require temporary/permanent relocation or moving of occupants of a structure?

☐ Yes      ☐ No      ☐ Don't know

*If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).*

1. How many units are vacant? \_\_\_\_\_ How long have these units been vacant? \_\_\_\_\_
2. How many units are occupied? \_\_\_\_\_ Requires: ☐ Temporary and/or ☐ Permanent Relocation?
3. How many of the occupied units are: Owner-occupied? \_\_\_\_\_ Renter-occupied? \_\_\_\_\_ Businesses? \_\_\_\_\_
4. What is the projected total relocation cost? (Must be included on project budget form, Section S) \$ \_\_\_\_\_
5. Describe relocation plans, including timetable, notifications to seller and occupants:

7. Accessibility for Persons With Physical Disabilities: Federal regulations require that all facilities and/or services assisted with federal funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

a. Will completed project meet ADA standards for accessibility by the disabled? ☐ Yes      ☐ No

b. If you responded "No" above, describe accessibility problems and method to address problems, including funding and timetable:

**B. TIMETABLE FOR COMPLETION OF PROPOSED CAPITAL PROJECTS:** Provide a timetable for completion of project. When would funds be fully expended? Please provide expenditure schedule. When would all Outcomes be realized?

**C. PROPERTY MANAGEMENT AND SUPPORTIVE SERVICES:**

Describe the plan for property management and resident access to supportive services consistent with the region's adopted HIV/AIDS Housing Standards of Care. If management and/or services will not be provided by the applicant agency but through established links, then attach memorandum of agreement with service provider(s) as Exhibit 1.

**D. Capital Budget for Housing Development Projects Only:** Complete the budget form below. *If also requesting funds for operating funds for this site, also complete Part 3.*

<b>Budget Line Items:</b>	<b>CAPITAL BUDGET</b>	=	<b>A. Requested HOPWA \$</b>	<b>+ B. Other Government \$<sup>3</sup></b>	<b>+ C. All Other Resources<sup>3</sup></b>
<b>Pre-development Costs:</b>					
Acquisition/Land	\$		\$	\$	\$
Acquisition/Structure					
Appraisals					
Site Preparation					
Demolition					
Relocation					
Architectural /Engineering					
Insurance/Bonding <sup>1</sup>					
Environmental Assessment					
Audit <sup>2</sup>					
Others:					
<b>Construction/Major Rehab:</b>					
Builder/Developer Fees					
Contractor's Overhead.					
Architectural/Engineering					
Rehab/Construction					
Lead-based Paint Assessment/Abatement					
Equipment					
Furnishings					
Construct. Contingency					
Construct. Management.					
Others:					
<b>GRAND TOTALS</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

<sup>1</sup>Note that General Liability Insurance (\$1 million); Automobile Liability Insurance, Worker's Compensation and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG/ESG/HOME expense.

<sup>2</sup>All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally derived funding of \$300,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible HOPWA expense.

<sup>3</sup>Complete the sections on the next page to provide details for entries in these columns.

**Source of Budget Estimate:** Provide source by name (architect, contractor, agency), qualifications and date of estimates. Attach copy of estimates, if available. Do **not** attach plans and specifications.

**E. Detail of Other Capital Resources:** All funds shown as “Other Resources” in Section D *Capital Budget*, Columns B and C should be shown here. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment) or in-kind match provided by volunteers. For Other Resources needed for project implementation, please complete the following chart. Use the codes below in the Status Code column, and attach narrative explanations as needed:

Proposed Other Government Funding (Column B) <sup>1</sup>	Grant Amount	Status Code <sup>2</sup>
	\$	
<b>TOTAL OTHER GOVERNMENT:</b>		\$

  

Proposed All Other Resources (Column C)	\$ Amount/Value	Status Code <sup>2</sup>
Foundations/Corporations	\$	
Other Sources:		
In-kind Gifts		
<b>TOTAL OTHER RESOURCES/IN-KIND VALUE:</b>		\$

<sup>1</sup> Other government might include low-income tax credits, State Housing Trust Funds, HOME Program, etc.

<sup>2</sup> Status Codes for Other Resources: C=Committed. Must *Attach documentation*. A=Applied For. *Attach description of status/estimated notification date*. TBR =To Be Raised. Describe fundraising plan and timetable below:

**F. FACILITY OPERATING AND SUPPORT SERVICES BUDGET FOR PROPOSED DEVELOPMENT PROJECT:**

*Skip this section if HOPWA funding is being requested for facility operations and/or support services.*

Estimated Annual Facility Operating Costs After Project Development: \$

Estimated Annual Support Services Costs: \$

Describe source of these funds and provide documentation of funding commitments, if available:

4. Projected Client Rental Income: Estimated amount of revenue to be generated annually: \$

*Clients with a source of income are required to pay rent for housing provided under this program. The HUD allowable rent amount is equal to 30% of monthly-adjusted family income, but not less than 10% of a family's monthly gross income, or the "welfare" designated amount. HUD does not allow agencies to charge support service fees to HOPWA program recipients*

Explain anticipated use of client rental income for the proposed housing program:

## **PART 3: PROPOSED HOUSING OPERATION AND SUPPORT SERVICES**

### **General instructions For Proposed Project budgets:**

1. Staff Benefits and taxes should include F.I.C.A., workmen's compensation, unemployment compensation, and applicable health and retirement benefits.
2. Mortgage, property taxes and fees such as legal fees are not eligible expenses.
3. Property repairs refer to minor repairs/replacements such as minor plumbing, HVAC, electrical, mechanical work-not major building renovations.
4. Insurance/bonding required for contracts: general liability not less than \$1million, non-owned automobile liability insurance, and fidelity bond equal to 100% of contract amount are required for all non-government projects contracting with the City of Atlanta.
5. Audit: All contractors shall secure an annual independent program audit including all funds provided in contract with the City. An "A-133 audit is required if agency's total federally derived funding, not limited to funding for proposed project, equals or exceeds \$300,000 annually. The cost of conducting this audit is an eligible HOPWA expense. The cost of the audit must be included in the administrative costs, which are limited to no more than 7% of the grant amount.

### **Instructions for following table by type of activity:**

**Facility Based Housing:** operating costs of the facility such as utilities, maintenance or repairs, on-site management, security, etc.

**Facility Based Non-Housing:** operating costs of project not directly associated with operating a housing facility. For example: costs of operating a scattered site project or support service not located in a housing facility might include office space rental, office utilities, telecommunications, office supplies other expenses associated with operating the provision of the housing assistance or service.

**Scattered Site Housing:** amount requested for tenant-based rent and short-term rent, mortgage and utility assistance to be paid on behalf of HOPWA eligible households. Scattered site housing may be leased by an organization or a tenant.

### **Administration, Housing Information & Resource Identification:**

**a. Administration** Show administrative costs to be charged to the project. Administrative costs include administration of the agency, financial reporting, bookkeeping, payroll services, and the annual audit. Amount is limited to no more than 7% of the grant total.

**b. Housing Information** HOPWA supported projects are encouraged to participate in the HUD endorsed and State DCA supported Pathways Information System. HOPWA will fund start-up and expenses for participants in the Pathways program provided agency includes in the application a letter of agreement with Pathways, Inc. approved by the agency Board of Directors and a proposed timetable for implementation. Cost may include start-up cost of equipment, software, staff training, DSL connection and 12 months of DSL and Pathways fees.

**c. Resource Identification** For purposes of this application only this section applies to participation in HUD sponsored conferences or training. No other out-of-state travel will be funded by HOPWA.

**Other Funding Resources:** Show by *major (shaded) line item category only* the anticipated allocation of all other cash resource: client rent, other public funds (federal, state & local) and all other resources such as private donations to be allocated to the project.

In the table that follows, show amount requested for 2004 by applicable Budget Expense Line Items and detail within the category. The line items listed reflect the current HUD format for the disbursement of funds and reporting expenditures for HOPWA projects in the Integrated Disbursement and Information System (IDIS).

A. PROPOSED OPERATING BUDGETS AND RESOURCES:			2004 PROPOSED RESOURCES			
		2004				Total
Budget Expense Line Items		1. Requested HOPWA \$	2. Client Rent	3. Other Public	4. All Other Resources	5. Project Cost
<b>I. Facility based housing</b>						
Property management staff salaries						
Property management staff benefits						
Rental/lease of housing facility						
Utilities						
Telecommunications						
Insurance						
Materials & Supplies						
Equipment lease/ purchase 'maintenance						
Contracted property services						
List Other:						
<b>Sub-total</b>						
<b>II. Facility Based Non-Housing</b>						
Property rental/lease						
Utilities						
Telecommunications						
Insurance						
Materials & supplies						
Equipment lease/purchase/maintenance						
List other facility-based non-housing costs:						
<b>Sub-total</b>						
<b>III. Scattered Site Housing</b>						
Rental assistance						
Short-term rent, mortgage & utility assistance						
<b>Sub-total</b>						
<b>IV. Administration, Housing Information, Resource Identification</b>						
Administrative staff salaries						
Administrative staff benefits						
Other admin. costs						
<b>Sub-total</b>						
<b>V. Supportive Services</b>						
Support staff Salaries						
Support staff benefits						
Staff transportation						
Materials & supplies for client use						
Client transportation						
List Other Support Costs:						
<b>Sub-total</b>						
<b>Grand Total (sum I, II, III, IV, and V)</b>						

**B. Proposed Operating Budget and Resources Staff Cost Detail Project Staffing detail:** Provide staffing detail by category. Please make sure that the totals in this section equal the staff salary totals on the summary budget section A. Indicate with \* if funded partially by another project and show only the time and funds to be allocated to this project.

(Example: Director: \$2,000 @ per pay period/20% of time allocated to this project/26 pay periods equals \$10,400)

**1. Facility Based Housing Operations Staff**

Position Title	Total Salary per Pay Period	% of Time HOPWA Funded	No. of Pay Periods	Total
<b>Total</b>				<b>\$</b>

**2. Non-Facility Based Housing Operations Staff Salaries (i.e. security, maintenance)**

Position Title	Salary per Pay Period	% of Time HOPWA Funded	No. of Pay Periods	Total
<b>Total</b>				<b>\$</b>

**3. Administrative Staff Salaries**

Position Title	Salary per Pay Period	% of Time HOPWA Funded	No. of Pay Periods	Total
<b>Total</b>				<b>\$</b>

**4. Supportive Service Staff Salaries**

Position Title	Salary per Pay Period	% of Time HOPWA Funded	No. of Pay Periods	Total
<b>Total</b>				<b>\$</b>

**PART 4. HOPWA APPLICATION COMPLETENESS CHECKLIST** All applicants must complete this section.

Project Name: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

*Check either yes or no for each box; do not leave any blank.*

Yes	No	Sections	Part 1 All Proposed New Projects: Label "Part 1 Exhibit ____"
<input type="checkbox"/>	<input type="checkbox"/>	Sec. E	Application Signed by Board Officer or Executive Director
<input type="checkbox"/>	<input type="checkbox"/>	Applicable sections	Application completed as instructed, with Exhibits numbered and labeled
<input type="checkbox"/>	<input type="checkbox"/>	Sec. L	Organizational Capacity: One Copy of each of Exhibits 2-10 <i>(as applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Sec. K	Consistency with Consolidated Plan for projects located outside City of Atlanta Exhibit 11

**Part 2 New Capital Housing Development: Label "Part 2 Section A-1 etc."**

<input type="checkbox"/>	<input type="checkbox"/>	Sec. A-1	Site Control Documentation (property deed, lease or purchase-option agreement)
<input type="checkbox"/>	<input type="checkbox"/>	Sec. A-2	Completed section on Zoning Verification and Special Use Permit (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Sec. A-4	Property Appraisal for Proposed Development Site
<input type="checkbox"/>	<input type="checkbox"/>	Sec. C	Memorandum of Agreement for Facility Operations (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Sec. D	Copy of Professional Cost Estimate for Capital Budget <i>(if available)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Sec. E	Documentation of Committed Funds

**Part 3. Proposed Housing Operation and Support Services:**

<input type="checkbox"/>	<input type="checkbox"/>	Sec. A cols 3 & 4	Documentation of other cash resources committed for project
<input type="checkbox"/>	<input type="checkbox"/>	Sec. F -C	Memorandum (a) of Agreement for services if applicable

			<b>Part 4. Application Completeness Checklist</b>
<input type="checkbox"/>	<input type="checkbox"/>		Explanation of Missing Documentation Below

**Explanation of Missing Required Documentation:**

**VERIFICATION OF ACCURACY OF INFORMATION IN THE APPLICATION AND EXHIBITS**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Print or Type Name and Title*

**PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR FILES FOR REFERENCE IF ADDITIONAL INFORMATION IS NEEDED. INCOMPLETE APPLICATIONS MAY NOT BE REVIEWED. INFORMATION PROVIDED IN THIS APPLICATION IS SUBJECT TO PUBLIC REVIEW.**